

County of San Diego Mental Health Plan Annual TFC Parent Self-Evaluation

TFC Parent Name: _____	TFC Parent Self-Evaluation Date: _____
Evaluation Review Period From: _____ To: _____ (maximum of one year)	
Program Name: San Diego Center for Children – Foster Family Agency Stabilization and Treatment (FFAST)	

Per Medi-Cal Manual 3rd Edition, the TFC Agency must conduct a TFC Parent evaluation at minimum annually, which must include a Self-Evaluation from the TFC Parent

Self-Evaluation Questions
1. Identify at least three strengths you have displayed in your role as a TFC Parent during the evaluation period: _____
2. Identify at least one area you would like to improve in your role as a TFC Parent during the next evaluation period: _____
3. Identify any additional trainings that would help you be successful in your role as a TFC Parent: _____
4. Identify any additional resources or support that would help you be successful in your role as a TFC Parent: _____
5. Additional Comments: _____

The TFC Parent Self-Evaluation is to be reviewed by the TFC Clinical Lead and incorporated into the TFC Parent Annual Evaluation

Completed by:

TFC Parent Signature: _____

Date: _____

Reviewed by:

TFC Clinical Lead Signature: _____

Date: _____